2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90019 050 ***150.00

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1. Entity Name
MEAN GREEN SOLUTIONS, INC.

Principal Place of Business	Mailing Address
210 CEDARWOOD DR MAITLAND, FL 32751 US	210 CEDARWOOD DR MAITLAND, FL 32751 US

01162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
210 Cedarwood Dr	210 Cedarwood Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, Fl	City & State: Maitland, Fl
Zip: 32751 Country: USA	Zip: 32751 Country: USA

4. FEI Number 56 2601440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUES, ROGER C
210 CEDARWOOD DR
MAITLAND, FL FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ~~Pres~~ NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: P NAME: ROGER C. MARQUES STREET ADDRESS: 210 CedarWOOD Dr CITY-ST-ZIP: Maitland, Fl 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: V NAME: SHANNON MARQUES STREET ADDRESS: 210 CedarWOOD Dr CITY-ST-ZIP: Maitland, Fl 32751	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Roger C. Marques X 1-17-07 407-619-7866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #